

ASCOT VILLAS CONDOMINIUM ASSOCIATION, INC.

C/O TRI-COUNTY PROPERTY SERVICES & MANAGEMENT
1451 W Cypress Creek Rd ste 300
Fort Lauderdale, FL 33309
Mobile: (754) 368-6593/Office: (954) 866-4256/Fax: (954) 337-8322
info@tricitypsm.net

APPLICATION FOR LEASE

INSTRUCTIONS:

1. This application and the attached application for occupancy and authorization forms must be completed in detail by each proposed purchaser, other than husband/wife (which is considered one applicant).

FEES REQUIRED: MONEY ORDERS/CASHIERS CHECKS ONLY:

1. \$100 non-refundable fee per applicant (anybody over 18) must be attached to this application, made payable to Tri-County Property Services & Management.
2. Copy of the Executed Lease
3. Copy of US Government issued Identification card.
4. Proof of Income (Latest Paystubs or Bank Statement or Income Tax Return)
5. The Association has **30 days** to complete its processing from the date of receipt of the fully completed application, all fees and any supplemental information required. If a question is not answered adequately or left blank, this application may be returned, not processed and not approved.
6. Occupancy prior to Board approval is prohibited.

****UNITS MAY NOT BE SUB-LET. RENTING A UNIT AS A VACATION RENTAL/AIR BNB IS STRICTLY PROHIBITED.****

ACCEPTANCE OF THE PROCESSING FEE DOES NOT IN ANY WAY CONSTITUTE APPROVAL

ASCOT VILLAS CONDOMINIUM ASSOCIATION, INC.

C/O TRI-COUNTY PROPERTY SERVICES & MANAGEMENT
1451 W Cypress Creek Rd ste 300
Fort Lauderdale, FL 33309
Mobile: (754) 368-6593/Office: (954) 866-4256/Fax: (954) 337-8322
info@tricitypsm.net

AGREEMENT:

1. I hereby agree for myself and on behalf of all persons who may use the condo which I seek to lease that I will abide by all of the restrictions contained in the By-Laws, Rules and Regulations, Association Documents and restrictions which are or may in the future be imposed by **Ascot Villas Condominium Association, Inc.**, I have received a copy of all Condominium Documents: **YES** _____
NO _____

I have received a copy of the Condominium Rules & Regulations: YES _____ **NO** _____

2. I understand that I will be advised by the Board of Directors of either acceptance or denial of this application. I understand that the Association has 30 days from the date of this application and any supplemental information required by the Association is received in which to approve or deny this application.
3. I understand that the acceptance of the lease of a unit at **Ascot Villas Condominium Association, Inc.** is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation or falsification of the information on these forms will result in the automatic disqualification of my application. **Occupancy prior to Board of Directors approval is strictly prohibited.**
4. I understand that the board of Directors of the **Ascot Villas Condominium Association, Inc.** may cause to be instituted an investigation of my background, as the Board may deem necessary. Accordingly, I specially authorize the Board of Directors, Management and the investigative company to make such investigation, and agree that the information contained in the attached application may be used in such investigation, and that the Board of Directors, Officers and Management of **Ascot Villas Condominium Association, Inc.** itself shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors. In making the foregoing application, I am aware that the decision of **Ascot Villas Condominium Association, Inc.** will be final and no reason will be given for any action taken by the Board of Directors. I agree to be governed by the determination of the Board of Directors.

APPLICANT _____

APPLICANT _____

OWNER _____

OWNER _____

DATE _____

DATE _____

ASCOT VILLAS CONDOMINIUM ASSOCIATION, INC.

C/O TRI-COUNTY PROPERTY SERVICES & MANAGEMENT
1451 W Cypress Creek Rd ste 300
Fort Lauderdale, FL 33309
Mobile: (754) 368-6593/Office: (954) 866-4256/Fax: (954) 337-8322
info@tricountypsm.net

LEASE RIDER

In the event the Lessor (owner) becomes delinquent in the payment of any monthly maintenance or assessment due to the Association for a period in excess of ten (10) days, the Lessee (tenant), upon receiving written notice from the Association or Managing Agent for the benefit of said notice to the Association, Lessee may deduct from the rental payment due to the Lessor the amount owed to cure the delinquency. It is understood and agreed that the Lessee shall continue to pay the monthly payment to the Association or Managing Agent until the Lessor's delinquency and default has been cured.

The Lessor and Lessee specifically acknowledge and agree that the Association is hereby empowered to act as agent for the Lessor, with full power and authority to take such action as may be required to compel compliance of the Association its supportive exhibits, Florida Statutes for Condominiums and Homeowners, and the Rules and Regulations of the observance of the provision contained in this addendum. Any breach of the terms hereof shall give the Association the authority to take immediate steps to terminate the lease agreement. The Lessor acknowledges that he remains responsible for the acts of the Lessee and the Lessee's family and guests. Lessor agrees that they remain responsible for any costs incurred by the Association, attorney's fees and costs, pre-litigation at trials and for any appeals, in remedying violation of the Addendum and/or violations of the Association's documents. **UNITS MAY NOT BE SUB-LET. RENTING A UNIT AS A VACATION RENTAL/AIR BNB IS STRICTLY PROHIBITED.**

I/We have been informed of the current Rules and Regulations of the Association and I/we agree to be bound by the terms thereof, as a condition for the approval of this application. I/We further certify that the information submitted with this application is true and correct.

Owner/Lessor Signature

Date

Applicant Signature

Date

ASCOT VILLAS CONDOMINIUM ASSOCIATION, INC.

C/O TRI-COUNTY PROPERTY SERVICES & MANAGEMENT

1451 W Cypress Creek Rd ste 300

Fort Lauderdale, FL 33309

Mobile: (754) 368-6593/Office: (954) 866-4256/Fax: (954) 653-3786

info@tricountypsm.net

IMPORTANT!

ALL QUESTIONS MUST BE COMPLETELY ANSWERED.

PLEASE PRINT LEGIBLY

If you not legally married, and over 18 all persons must fill out a separate application and pay a separate fee

APPLICATION FOR OCCUPANCY

Section 1 - APPLICANT INFORMATION

Applicant Name: _____ Date of Birth _____ SS# _____

Driver's License Number (s) _____

Phone Number: _____ Email Address: _____

Have you ever plead nolo contendere, or been convicted of a felony? Yes () No ()

Have you ever been charged with a misdemeanor? Yes () No ()

Have you ever declared bankruptcy? Yes () No ()

Have you ever been previously evicted from a property? Yes () No ()

Co- Applicant Name: _____ Date of Birth _____ SS# _____

Driver's License Number (s) _____

Phone Number: _____ Email Address: _____

Have you ever plead nolo contendere, or been convicted of a felony? Yes () No ()

Have you ever been charged with a misdemeanor? Yes () No ()

Have you ever declared bankruptcy? Yes () No ()

Have you ever been previously evicted from a property? Yes () No ()

Unit No: _____ Address of the unit _____ Approx. Moving Date _____

ASCOT VILLAS CONDOMINIUM ASSOCIATION, INC.

C/O TRI-COUNTY PROPERTY SERVICES & MANAGEMENT
1451 W Cypress Creek Rd ste 300
Fort Lauderdale, FL 33309
Mobile: (754) 368-6593/Office: (954) 866-4256/Fax: (954) 337-8322
info@tricitypsm.net

LIST ALL OCCUPANTS LIVING IN THE UNIT

All Occupants 18 Years of Age or Older Must Complete a Separate Application

Occupant Name: _____ DOB: _____ Relationship: _____

Occupant Name: _____ DOB: _____ Relationship: _____

Occupant Name: _____ DOB: _____ Relationship: _____

Occupant Name: _____ DOB: _____ Relationship: _____

Applicant Signature

Co- Applicant Signature

Print Name

Print Name

ASCOT VILLAS CONDOMINIUM ASSOCIATION, INC.

C/O TRI-COUNTY PROPERTY SERVICES & MANAGEMENT
1451 W Cypress Creek Rd ste 300 Fort Lauderdale, FL 33309
Mobile: (754) 368-6593/Office: (954) 866-4256/Fax: (954) 653-3786
info@tricountypsm.net

Section 2 - RESIDENCE HISTORY (Include city, state and zip)

A: Present Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Resided from _____ to _____

(If renting) Landlord/Management Agent & Phone No. _____

Address: _____ City _____ State _____ Zip _____

B: Previous Address: _____ City _____ State _____ Zip _____

Section 3 – EMERGENCY CONTACT INFORMATION

1. Name _____ Home # () _____

City & State _____ Office# () _____

2. Name _____ Home # () _____

City & State _____ Office # () _____

Section 4 – EMPLOYMENT HISTORY

a. Employer _____ Length of time _____

Address _____ Supvsr. _____

Phone # _____ Dept/Position _____ Approx. Mo. Income \$ _____

b. Spouse's Employer _____ Length of time _____

Address _____ Supervisor _____

Phone # _____ Dept/Position _____ Approx. Mo. Income \$ _____

ASCOT VILLAS CONDOMINIUM ASSOCIATION, INC.

C/O TRI-COUNTY PROPERTY SERVICES & MANAGEMENT

1451 W Cypress Creek Rd ste 300

Fort Lauderdale, FL 33309

Mobile: (754) 368-6593/Office: (954) 866-4256/Fax: (954) 653-3786

info@tricountypsm.net

If this application is not completed in its entirety, Tri-County Property Services & Management LLC, and any parties or party considering selling to the above named applicant(s) will not be liable or responsible for inaccurate information gathered, in the background report, or any other report in regards to this application. It is also agreed to allow Tri- County Property Services & Management LLC or any party they so name, to do a full background and/or financial check that Tri-County Property Services & Management LLC feels necessary in order to complete the screening, or any other process. It is also agreed by the applicant that Tri-County Property Services & Management LLC will not be held liable for any inquiries into applicants credit file and will not hold liable any parties that hired Tri-County Property Services & Management LLC It is also agreed that if for any reason the application is rejected, Tri-County Property Services & Management LLC, or any other parties will not be held responsible. If applicant brings any parties to court, applicant will be held fully responsible for all attorney fees.

BY SIGNING THIS APPLICATION, YOU FULLY UNDERSTAND AND HAVE READ ALL THE ABOVE INFORMATION.

Applicant Signature

Co- Applicant Signature

Print Name

Print Name

ASCOT VILLAS CONDOMINIUM ASSOCIATION, INC.

C/O TRI-COUNTY PROPERTY SERVICES & MANAGEMENT
1451 W Cypress Creek Rd ste 300
Fort Lauderdale, FL 33309
Mobile: (754) 368-6593/Office: (954) 866-4256/Fax: (954) 653-3786
info@tricountypsm.net

Credit and/or Criminal Authorization Form

You are hereby authorized to release information to Tri-County Property Services & Management LLC any and all information they request with regards to verification of my bank account(s), credit history, and residential history, criminal record history, and employment verification and character references. This information is to be used for my/our Application for Occupancy.

I/We hereby waive any privileges I/we may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for this report is to be released to the Association for their exclusive use only. I/We further state the Application for Occupancy and Authorization Form were signed by me/us and was not originated with fraudulent intent by me/us or any other person and that the signature(s) below are my/our own proper signature.

Applicant Signature

Co- Applicant Signature

Print Name

Print Name